

Section A: SEATBELTS

1.How often do you use seat belts when you drive or ride a car?

Would you say: Always.....1
Nearly always.....2
Sometimes..... 3
Seldom4
Or Never5

Don't know/Not sure..... 7
Never drive/ride in a car.... 8
Refused.....9

Section B: HYPERTENSION

These next questions are about hypertension or high blood pressure.

2.Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

(PROBE FOR DOCTOR, NURSE OR OTHER HEALTH PROFESSIONAL.)

Skip to Section C ←----- No..... 1
Yes, by doctor..... 2
Yes, by nurse..... 3
Yes, by other health
professional..... 4
Skip to Section C <----- | Don't know/Not sure..... 7
Refused9

3. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

More than once1
Only once2
Don't know/Not sure7
Refused9

4. Is any medicine currently prescribed for your high blood pressure?

Yes..... 1
No..... 2
Go to Q.6, <----- | Don't know/Not sure.....7
Refused9

5. Are you currently taking medicine for your high blood pressure?

(PROBE FOR “ALL OR MOST OF THE TIME” OR “ONLY OCCASIONALLY,” IF NECESSARY. IF ANSWER IS “YES,” USE “YES, ALL OR MOST OF THE TIME.”)

Yes, all or most of the time...1
Yes, occasionally.....2
No3
Don't know/Not sure7
Refused.....9

6. As far as you know, is your blood pressure presently normal – or under control – or is it still high?

(NOTE: NORMAL OR UNDER CONTROL INCLUDES “RETURNED TO NORMAL” AND “NO LONGER HAVE HIGH BLOOD PRESSURE.”)

Normal1
Under control..... 2
Still high..... 3
Don't know/Not sure..... 7
Refused9

SECTION C: EXERCISE

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

7. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

Yes...(Go to Q.10).... 1
No..... 2
Don't know/Not sure..... 7
Refused..... 9

8. What type of physical activity or exercise did you spend the most time doing during the past month?

| |
|--|
| OFFICE ONLY See coding list A--Activity |
|--|

Activity.....
Refused..... 99

ASK Q.9 ONLY IF ANSWER TO Q.8 IS RUNNING, JOGGING, WALKING OR SWIMMING, ALL OTHERS GO TO Q.10

9. How far do you usually walk/run/jog/swim?

See coding List B if
answer not in miles and
tenths

Miles and Tenths _ _ . _
Don't Know/Not Sure 777
Refused 999

10. How many times per week or per month did you take part in this activity during the past month?

Times per week 1 _ _
Or
Times per month 2 _ _

Don't know/Not sure 777
Refused 999

11. And when you took part in this activity for how many minutes or hours did you usually keep at it?

Hours & Minutes _ : _ _
Don't know/Not sure 777
Refused 999

12. Was there another physical activity or exercise that you participated in during the last month?

Yes 1
No
(Go to Section D) ← ----- Don't know/Not sure 7
Refused 9

13. What other type of physical activity gave you the next most exercise during the past month?

OFFICE ONLY
See coding list A--Activity

Activity _ _
Don't know/Not Sure 77
Refused 99 | (Go to Section D)

Ask question 14 only if answer to Q13 is running, jogging, walking or swimming. All others go to Q15

14. How far do you usually walk, jog, run or swim?

See coding List B if
answer not in miles and
tenths

Miles and Tenths _ . _
Don't Know/Not Sure.....777
Refused.....999

15. How many times per week or per month did you take part in this activity?

Times per week.....1 _ _
OR
Times per month.....2 _ _

Don't know/Not sure.....777
Refused.....999

16. And when you took part in this activity for how many minutes or hours did you usually keep at it?

Hours & Minutes..... : _ _
Don't know/Not sure.....777
Refused.....999

SECTION D: DIET

17. About how much do you weigh without shoes?

Weight..... (Pounds)
Don't know /Not sure.....777
Refused.....999

18. About how tall are you without shoes?

Height.....
Ft inches
Don't know /Not sure.....777
Refused.....999

19.Are you now trying to lose weight?

Yes.....1
No...(Go to Q.22).....2
Refused..(Go to Q.22).....9

20.Are you eating fewer calories to lose weight?

Yes.....1
No.....2
Don't know /Not sure.....7
Refused.....9

21.Have you increased your physical activity to lose weight?

Yes.....1
No.....2
Don't know /Not sure.....7
Refused.....9

22.How often do you add salt to the table on your food?

Would you say?

Most of the time.....1
Sometimes.....2
Rarely.....3
Never.....4
Don't know /Not sure.....7
Refused.....9

23.Are you now under the advice of a doctor to reduce your cholesterol or your blood fat level?

Yes.....1
No.....2
Don't know /Not sure.....7
Refused.....9

Section E: Tobacco Use

24.Have you smoked at least hundred cigarettes in your life?

(100 cigarettes=5packs) Yes.....1
No...(Go to Section F).....2
Don't know /Not sure.....8

Refused.....9

25.Do you smoke cigarettes now?

Yes.....1

No...(Go to section F).....2

Refused...(Go to Section F).....9

26.On an average how many cigarettes a day do you smoke now?

(1pack=20 cigarettes) Number of cigarettes.....

Don't smoke regularly.....88

Refused.....99

27.Have you stopped smoking for a year or more sometime during the past year?

Yes.....1

No.....2

Refused.....9

28.About how long has it been since you last smoked cigarettes fairly regularly?

Was it:

Please read

Within the past year..... (0 to 12 months).....1

Within the past 2 years.....(13-24 months)....2

Within the past 5 years.....(25-60 months)....3

More than five years ago.....4

Don't know/Not sure.....7

Never.....8

Refused.....9

29.Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

PROBE FOR CHEWING TOBACCO, SNUFF OR BOTH

Yes, Chewing tobacco.....1

Yes, snuff.....2

Yes, both.....3

(Go to Section F) ←-----| No, neither4

Don't Know/Not Sure.....7

Refused.....9

30. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff?

Yes includes occasional use.

Yes, Chewing tobacco.....1
Yes, snuff.....2
Yes, both.....3
No, neither4
Don't Know/Not Sure.....7
Refused.....9

Section F: Alcohol Consumption

These next few questions are about the use of beer, wine or liquor-all kinds of alcoholic beverages that people drink at meals, special occasions or when just relaxing.

31. Have you had any beer wine or liquor during the past month that is, since _____?

Yes.....1
No...(Go to section G).....2
Refused...(Go to Section G).....9

32. During the past month, how many days per week or per month did you drink any beer?

Days per week..... 1 __
Or
Days per month..... 2 __
Never or none..(Go to Q.34).....888
Don't know /Not sure (Go to Q.34)..777
Refused....(Go to Q.34).....999

33. On the days when you drank beer how many beers did you drink on the average?

Number of beers..... __
Don't know/Not sure.....77
Refused.....99

34. Also during the past month, how many days per week or per month did you drink any wine?

Days per week.....1 __
Or
Days per month.....2 __
Never or none..(Go to Q.36).....888
Don't know /Not sure (Go to Q.36)..777
Refused....(Go to Q.36).....999

35. On the days when you drank wine, about how many glasses of wine did you drink on the average?

| | |
|--------------------------------|----|
| Number of glasses of wine..... | __ |
| Don't Know/Not sure..... | 77 |
| Refused..... | 99 |

36. And, during the past month, about how many days per week or per month did you have any liquor to drink, such as vodka, gin, rum or whiskey?

| | | |
|-------------------------------------|-----|----|
| Days per month..... | 1 | __ |
| Or | | |
| Days per week..... | 2 | __ |
| Never or none..(Go to Q.38)..... | 888 | |
| Don't know /Not sure (Go to Q.38).. | 777 | |
| Refused....(Go to Q.38)..... | 999 | |

37. On the days when you drank any liquor, about how many drinks did you have on the average?

| | |
|--------------------------|----|
| Number of drinks..... | __ |
| Don't Know/Not Sure..... | 77 |
| Refused..... | 99 |

38. Considering all types of alcoholic beverages, that is beer, wine and liquor, as drinks, how many times during the past month did you have 5 or more drinks on an occasion?

| | |
|--------------------------|----|
| Number of times..... | __ |
| None..... | 88 |
| Don't Know/Not Sure..... | 77 |
| Refused..... | 99 |

39. And during the past month, how many times have driven when you've had perhaps too much to drink?

| | |
|--------------------------|----|
| Number of times..... | __ |
| None..... | 88 |
| Don't Know/Not Sure..... | 77 |
| Refused..... | 99 |

Section G: Preventive Health Practices

Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick.

40. About how long has it been since you last visited a doctor for a routine checkup?

Was it: **Please read**

| | |
|---|---|
| Within the past year..... (0 to 12 months)..... | 1 |
| Within the past 2 years..... (13-24 months).... | 2 |
| Within the past 5 years..... (25-60 months).... | 3 |
| More than five years ago... (61+months)..... | 4 |
| Don't know/Not sure..... | 7 |
| Never..... | 8 |
| Refused..... | 9 |

41. Have you ever had your blood cholesterol checked?

| | |
|---------------------------------------|---|
| Yes..... | 1 |
| No.... (Go to Q 46)..... | 2 |
| Don't know/Not sure (Go to Q.46)..... | 7 |
| Refused...(Go to Q.46)..... | 9 |

42. About how long has it been since you last had your blood cholesterol checked?

Was it: **Please read**

| | |
|---|---|
| Within the past year..... (0 to 12 months)..... | 1 |
| Within the past 2 years..... (13-24 months).... | 2 |
| Within the past 5 years..... (25-60 months).... | 3 |
| More than five years ago... (61+months)..... | 4 |
| Don't know/Not sure..... | 7 |
| Never..... | 8 |
| Refused..... | 9 |

43. Have you ever been told your blood cholesterol level, in numbers?

| | |
|-----------------------------|---|
| Yes..... | 1 |
| No...(Go to Q.45)..... | 2 |
| Don't know/Not sure..... | 7 |
| Refused ..(Go to Q.45)..... | 9 |

44. What is your blood cholesterol level?

| | |
|--------------------------|-------|
| Record the number..... | |
| Don't know/Not sure..... | 7 7 7 |
| Refused..... | 9 9 9 |

45. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?

| | |
|--------------------------|---|
| Yes..... | 1 |
| No..... | 2 |
| Don't know/Not sure..... | 7 |
| Refused..... | 9 |

46. Next, I would like to ask you about influenza vaccination, commonly called a flu shot. Have you had a flu shot in the last 12 months?

| | |
|--------------------------|---|
| Yes..... | 1 |
| No..... | 2 |
| Don't know/Not sure..... | 7 |
| Refused..... | 9 |

47. INTERVIEWER: INDICATE SEX OF RESPONDENT
(Ask if necessary)

| | |
|-------------|---|
| Male..... | 1 |
| Female..... | 2 |

These next questions are about mammograms, which are x-ray tests of the breast to look for cancer.

48. Have you ever heard of a mammogram?

| | |
|---|---|
| Yes..... | 1 |
| No..... | 2 |
| (Go to section H) ←----- Don't know/Not sure..... | 7 |
| Refused..... | 9 |

49. Have you ever had a mammogram?

| | |
|---|---|
| Yes..... | 1 |
| No..... | 2 |
| (Go to section H) ←----- Don't know/Not sure..... | 7 |
| Refused..... | 9 |

50. About how long has it been since you had your last mammogram?

Was it: **Please read**

| | |
|---|---|
| Within the past year..... (0 to 12 months)..... | 1 |
| Within the past 2 years..... (13-24 months).... | 2 |
| Within the past 5 years..... (25-60 months).... | 3 |
| More than five years ago... (61+months)..... | 4 |
| Don't know/Not sure..... | 7 |
| Refused..... | 9 |

51. Was your last mammogram done as part of a routine checkup, because of a breast problem, or because you've already had a breast cancer?

| | |
|--------------------------|---|
| Routine checkup..... | 1 |
| Breast problem..... | 2 |
| Had breast cancer..... | 3 |
| Don't know/Not sure..... | 7 |
| Refused..... | 9 |

Section H: Demographics

And finally, these last few questions ask for a little more information about yourself.

52. How old were you on your last birthday?

| | |
|-------------------------------|----|
| Code age in years..... | __ |
| Do not remember/Not sure..... | 07 |
| Refused..... | 09 |

53. What is your race?

| | |
|---------------------------------------|---|
| White..... | 1 |
| Black..... | 2 |
| Asian or Pacific Islander..... | 3 |
| Aleutian, Eskimo or American Indian.. | 4 |
| Other specify _____..... | 5 |
| Don't Know/Not Sure..... | 7 |
| Refused..... | 9 |

54. Are you of Hispanic origin such as Mexican, American, Latin American, Puerto Rican or Cuban?

| | |
|---------------------------|---|
| Yes..... | 1 |
| No..... | 2 |
| Don't know /Not sure..... | 8 |
| Refused..... | 9 |

55. What is the highest grade or year of school you completed?
(Read only if necessary)

| | |
|--|---|
| Eighth grade or less..... | 1 |
| Some high school..... | 2 |
| High school grad or GED certificate..... | 3 |
| Some technical school..... | 4 |

| | |
|---------------------------------------|---|
| Technical school graduate..... | 5 |
| Some college..... | 6 |
| College Graduate..... | 7 |
| Post Grad or Professional Degree..... | 8 |
| Refused..... | 9 |

56.Are you currently?

| | |
|---|---|
| Employed for wages..... | 1 |
| Self Employed..... | 2 |
| Out of work for more than one year..... | 3 |
| Out of work for less than one year..... | 4 |
| Homemaker..... | 5 |
| Student..... | 6 |
| Retired..... | 7 |
| Refused..... | 9 |

57.And are you

| | |
|------------------------------------|---|
| Married..... | 1 |
| Divorced..... | 2 |
| Widowed..... | 3 |
| Separated..... | 4 |
| Never been married..... | 5 |
| Member of an unmarried couple..... | 6 |
| Refused..... | 9 |

58.Which of the following categories best describe your annual household income from all sources?

| | |
|--------------------------|---|
| Less than \$10 000..... | 1 |
| \$10 to \$15 000..... | 2 |
| \$15 to \$20 000..... | 3 |
| \$ 20 to \$25 000..... | 4 |
| \$25 to \$35 000..... | 5 |
| \$35 to \$50 000..... | 6 |
| Over \$50000..... | 8 |
| Don't Know/Not Sure..... | 7 |
| Refused..... | 9 |

Interviewer: Ask this question only to females between 18 and 45

59.To your knowledge, are you now pregnant?

| | |
|--------------------------|---|
| Yes..... | 1 |
| No..... | 2 |
| Don't know/Not sure..... | 7 |
| Refused..... | 9 |

60. How many telephone numbers will reach this household including the number I used today?

(Differentiate between telephone numbers and telephone sets if necessary. Include all telephone numbers that can reach this household)

Total Telephone Numbers.....

CLOSING STATEMENT

This concludes this interview. Again the information will be kept confidential and will be used for routine statistical research purposes. Thank you for your assistance. We greatly appreciate your time and cooperation